Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

CB-1602

Biologicals for early untreated rheumatoid arthritis

Introduction

The aim of the KCE Trials programme is to ensure that high quality research information is produced on the effectiveness, costs and broader impact of health technology in the most efficient way for those who use, manage, provide care in or develop policy for the Belgian healthcare system.

An overview of the selection procedure can be found in the document "Information for candidate sponsors and guidance note for expression of interest" (v1.1), associated with this commissioning brief and available on our website.

Research Question

Are biologicals as first line treatment for rheumatoid arthritis (cost)effective?

1. Intervention: remission induction with a short course of biological therapy (anti-TNF alpha or CTLA-4 Ig) plus methotrexate (MTX), in a treat to target setting, to be defined further by the applicant.

2. Patient group: patients with early untreated rheumatoid arthritis (RA), to be defined further by the applicant.

3. Setting: hospital.

4. Control: MTX with a step down bridge glucocorticoid therapy (Cobra slim), in a treat to target setting.

5. Study design: Multicentre, randomised controlled trial, to be defined by applicants, with or without an internal pilot to test the ability to recruit and randomise patients. If a pilot is included, the criteria to continue or not from pilot to full trial should be specified.

6. Important outcomes: Primary outcome is remission at 1 year. Secondary outcomes are to be defined by the applicants. The study could include a search for predictive markers of treatment response if of relevance for the health economic evaluation. Outcomes should be patient-centred, measured at appropriate time-points and validated.

7. Minimum duration of follow-up: one year.

Decision problem to be addressed by this research:

Rapid remission induction is considered important in early RA, obviously to restore patients' quality of life as soon as possible, but also to benefit maximally from the therapeutic window of opportunity for optimal long term disease control. Achieving sustained remission allows for optimal functionality and structural joint integrity. Recently, the Cobra slim regimen (MTX+ 30 mg prednisone tapered to 5 mg from week 6) has been shown to be the most effective treatment regimen in this patient group(1). However, approximately 30% of patients attain insufficiently response to initial treatment with the Cobra Slim regimen. For this group of hard to treat patients, first-line treatment with biological disease modifying anti-rheumatic drugs may be more (cost)effective.

(1) Verschueren P, De Cock D, Corluy L, et al. Ann Rheum Dis 2015;74:27-34

KCE TRIALS PROGRAMME

Notes to Applicants

To ensure the highest quality research, the appropriate guidelines and regulations must be followed and KCE recommendations for applicants are provided.

Methodology: for many of the research questions posed by the KCE Trials programme, a randomised controlled trial is the most appropriate method of providing an answer. Suggestions for how a randomised controlled trial could be designed and constructed most efficiently are encouraged.

Quality, ethical and legal: applicants are asked to follow the Declaration of Helsinki and ICH-GCP guidelines and all applicable legislation such as Belgian Law of 7 May 2004 concerning experiments on the human person, when planning their trial. Note that trials involving medicinal products must comply with "The Medicines for Human Use (Clinical Trials) Regulations 2004" and be submitted to the Federal Agency for Medicines and Health Products (FAMHP). The FAMHP website contains the latest information about Clinical Trial regulations.

Inspections by FAMHP to document conformity with GCP requirements and local legislation can take place at any time during the progress of KCE funded studies.

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety and made available to the general public.

Clinical Trials Toolkit

General information on the conduct of clinical trials can be found in the Clinical Trials Toolkit. This NIHR resource is designed to help researchers navigate through the complex landscape of setting up and managing clinical trials. Please note that the website is developed for the UK, therefore local regulations and references may not apply in Belgium.

Research networks

The KCE Trials programme expects, where appropriate, that applicants will work with relevant existing research networks.

Making an application

If you wish to submit an Expression of Interest (EOI) on this topic, complete the associated application form available on our website, and submit it (as a PDF) via email to trials"at"kce.fgov.be by **August 8th before 13.00 hours**. Applications received after 13.00 hours on the due date will not be considered.

Applications will be considered by the KCE Trials Board at its meeting during the week of September 5th 2016.

Please read the document "Information for candidate sponsors and guidance note for expression of interest", associated with this commissioning brief and available on our website.

IMPORTANT: For shortlisted EOI, investigators will be given six weeks to submit a full research proposal.